

**STATE OF UTAH  
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

**APPLICATION FOR LICENSURE**

**COSMETOLOGY/BARBER SCHOOL,  
ELECTROLOGY SCHOOL, ESTHETICS SCHOOL,  
or NAIL TECHNOLOGY SCHOOL**

DOPL-AP-024 REV 09/18/2003

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply necessary information will delay processing and may result in denial of licensure. Please read all instructions carefully.

**Address of Record:** The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address.

**SUPPORTING DOCUMENTS AND FEES:**

If you are applying for licensure as a **cosmetology/barber school**, complete the following in addition to submitting a completed application:

1. Submit a copy of the registration form from the Division of Corporations and Commercial Code documenting that the school name and/or business organization is properly registered.
2. Submit a copy of the business license from the city, town, or county in which the school is located.
3. Submit documentation that the physical facilities of the school meet the requirements of R156-11a-602.
4. Submit documentation that the curriculum for the school meets the requirements of R156-11a-804.
5. Submit a **\$110.00** non-refundable application-processing, made payable to "DOPL."

If you are applying for licensure as an **Electrology School**, complete the following in addition to submitting a completed application:

1. Submit a copy of the registration form from the Division of Corporations and Commercial Code documenting that the school name and/or business organization is properly registered.
2. Submit a copy of the business license from the city, town or county in which the school is located.
3. Submit documentation that the physical facilities of the school meet the requirements of R156-11a-602.
4. Submit documentation that the curriculum of the school meets the requirements of R156-11a-801.
5. Submit a **\$110.00** non-refundable application-processing, made payable to “DOPL.”

If you are applying for licensure as an **Esthetics School**, complete the following in addition to submitting a completed application:

**NOTE: To teach esthetics, an instructor must have a cosmetology/barber or esthetics instructor license and must be able to document a minimum of 1,000 hours of experience in esthetics.**

1. Submit a copy of the registration form from the Division of Corporations and Commercial Code documenting that the school name and/or business organization is properly registered.
2. Submit a copy of the business license from the city, town, or county in which the school is located.
3. Submit documentation that the physical facilities of the school meet the requirements of R156-11a-602.
4. Submit documentation that the curriculum of the school meets the requirements of R156-11a-802.
5. Submit a **\$110.00** non-refundable application-processing, made payable to “DOPL.”

If you are applying for licensure as a **Nail Technology School**, complete the following in addition to submitting a completed application:

1. Submit a copy of the registration form from the Division of Corporations and Commercial Code documenting that the school name and/or business organization is properly registered.
2. Submit a copy of the business license from the city, town or county in which the school is located.
3. Submit documentation that the physical facilities of the school meet the requirements of R156-11a-602.
4. Submit documentation that the curriculum of the school meets the requirements of R156-11a-803.
5. Submit a **\$110.00** non-refundable application-processing, made payable to “DOPL.”

#### **ADDITIONAL IMPORTANT INFORMATION:**

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to cosmetologist/barber, esthetics, electrology, and nail technology licensing. The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):

You may also purchase them for a fee from Exporior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

- ☐ Division of Occupational & Professional Licensing Act
- ☐ General Rules of the Division of Occupational & Professional Licensing
- ☐ Cosmetologist/Barber, Esthetician, Electrologist, and Nail Technician Licensing Act
- ☐ Cosmetologist/Barber Licensing Act Rules

2. **Current Documents:** Applications, statutes, and rules may change from time to time. If you have not recently obtained any of these documents, you may want to contact the Division or visit our Internet site to verify that you have current versions.
3. **Post Licensure Requirement:** Once you receive your school license from the Division, you must contact the Utah Division of Consumer Protection (801-530-6481) to apply for and obtain a Post Secondary School Waiver. NOTE: Once obtained, you are not required to submit this waiver to the Division, but you must maintain it on file for future audits.

4. **Change in Ownership, Location, or Organization:** A change of ownership, location, or business organization requires a new application and fees. Changes in ownership, caused by a change in the stockholders in the corporation which are publicly listed and whose stock is publicly traded, are exempt.

5. **License Renewal:** All school licenses expire September 30 of each odd-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Renewal information is disseminated to each licensee at the licensee's last known address, as provided to the Division, approximately two months prior to the expiration date shown on the license.

6. **Temporary Licenses:** Temporary licenses are not issued.

7. **Mail Complete Application to:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1<sup>st</sup> Floor Lobby  
Salt Lake City, Utah 84111

8. **Telephone Numbers:** (801) 530-6628  
  
(866) ASK-DOPL – Toll-free in Utah  
(866) 275-3675
9. **Fax Number:** (801) 530-6511

# APPLICATION FOR LICENSURE

The business legal name is the name that will appear on the license. If the applicant for licensure is a business entity, this is normally the name registered with the Division of Corporations. If there is a fictitious business name (doing business as), list that name also, e.g., XYZ Corporation dba XYZ Cosmetology/Barber, Esthetics, Electrology, or Nail Technology School.

License Applying For: \_\_\_\_\_ Cosmetology/Barber School

\_\_\_\_\_ Electrology School

\_\_\_\_\_ Esthetics School

\_\_\_\_\_ Nail Technology School

**BUSINESS LEGAL NAME:** \_\_\_\_\_

## **MAILING ADDRESS:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

## **DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY**

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_\_

Denied By: \_\_\_\_\_

Reason For Denial/Other Comments: \_\_\_\_\_

**CONTACT PERSON FOR LICENSING PURPOSES:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**BUSINESS ENTITY TYPE:**

\_\_\_\_\_ C Corporation \_\_\_\_\_ S Corporation

Utah Corporation Number: \_\_\_\_\_

Date of Incorporation: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ General Partnership \_\_\_\_\_ Limited Partnership

Date of Partnership Agreement: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Sole Proprietorship

\_\_\_\_\_ Limited Liability Company

Number: \_\_\_\_\_ Date Filed: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Other Type of Business: \_\_\_\_\_

**SCHOOL INSTRUCTORS:** (Use additional sheets if necessary.)

**1. Full Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Utah Cosmetology/Barber, Electrology, Esthetician,  
Master Esthetician, or Nail Technician License Number: \_\_\_\_\_

Utah Instructor Certificate Number: \_\_\_\_\_

**2. Full Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Utah Cosmetology/Barber, Electrology, Esthetician,  
Master Esthetician, or Nail Technician License Number: \_\_\_\_\_

Utah Instructor Certificate Number: \_\_\_\_\_

**3. Full Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Utah Cosmetology/Barber, Electrology, Esthetician,  
Master Esthetician, or Nail Technician License Number: \_\_\_\_\_

Utah Instructor Certificate Number: \_\_\_\_\_

**4. Full Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Utah Cosmetology/Barber, Electrology, Esthetician,  
Master Esthetician, or Nail Technician License Number: \_\_\_\_\_

Utah Instructor Certificate Number: \_\_\_\_\_

*(Continued on the reverse.)*

**5. Full Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Utah Cosmetology/Barber, Electrology, Esthetician,  
Master Esthetician, or Nail Technician License Number: \_\_\_\_\_

Utah Instructor Certificate Number: \_\_\_\_\_

**6. Full Name: \_\_\_\_\_ Telephone: \_\_\_\_\_**

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Utah Cosmetology/Barber, Electrology, Esthetician,  
Master Esthetician, or Nail Technician License Number: \_\_\_\_\_

Utah Instructor Certificate Number: \_\_\_\_\_

**7. Full Name: \_\_\_\_\_ Telephone: \_\_\_\_\_**

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Utah Cosmetology/Barber, Electrology, Esthetician,  
Master Esthetician, or Nail Technician License Number: \_\_\_\_\_

Utah Instructor Certificate Number: \_\_\_\_\_

**8. Full Name: \_\_\_\_\_ Telephone: \_\_\_\_\_**

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Utah Cosmetology/Barber, Electrology, Esthetician,  
Master Esthetician, or Nail Technician License Number: \_\_\_\_\_

Utah Instructor Certificate Number: \_\_\_\_\_



**ADDITIONAL QUALIFYING INFORMATION:**

1. Name of the accrediting commission by which you intend to become accredited:

\_\_\_\_\_

2. Date you anticipate applying for candidate status for accreditation: \_\_\_\_\_

(NOTE: You must have received candidate status within nine (9) months of being licensed as a school in the state.)

3. Date you anticipate becoming accredited: \_\_\_\_\_

(NOTE: You must receive accreditation within 24 months of applying for candidate status.)

4. List the total square feet of the floor space occupied by the school: \_\_\_\_\_

5. Number of workstations: \_\_\_\_\_

Number of reclining chairs: \_\_\_\_\_

Number of student lockers: \_\_\_\_\_

6. List the square feet of floor space of the student break room: \_\_\_\_\_

7. List the square feet of floor space of the clinic: \_\_\_\_\_

8. List the square feet of floor space of the classroom: \_\_\_\_\_

9. Is a sign posted in a conspicuous place that states:

*“All services in this school are performed by students in training”?*

\_\_\_\_\_ yes      \_\_\_\_\_no

# **COSMETOLOGY/BARBER, ESTHETICS, ELECTROLOGY, and NAIL TECHNOLOGY SCHOOL QUALIFYING QUESTIONNAIRE**

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant, ever been permitted to resign or surrender a license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending by any profession licensing agency or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Is any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant currently under investigation or is any disciplinary action pending against such now by any licensing agency?
6. \_\_\_\_\_ Is any action now pending against any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant pose a direct threat to himself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. \_\_\_\_\_ Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?

*(Questions continue on following page.)*

9. \_\_\_\_\_ Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant ever been terminated from a position because of drug use or abuse?
10. \_\_\_\_\_ Is any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant currently using or have any recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
11. \_\_\_\_\_ Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which he has not successfully completed or is not now participating in a supervised drug rehabilitation program, or for which he has not otherwise been successfully rehabilitated?
12. \_\_\_\_\_ Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant ever had a documented case as the abuser in any incident of verbal, physical, mental, or sexual abuse?
13. \_\_\_\_\_ Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant ever been arrested for or charged with a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
14. \_\_\_\_\_ Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant ever been arrested for or charged with a felony in any jurisdiction?
15. \_\_\_\_\_ Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant ever pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
16. \_\_\_\_\_ Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?

*(Questions continue on following page.)*

17. \_\_\_\_\_ Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant ever been allowed to make a plea in abeyance for any criminal charge for which the charge was later dismissed?
18. \_\_\_\_\_ Has any officer, director, partner, proprietor, manager or instructor associated with or employed by the applicant ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction?

**If you answered “yes” to questions 13, 14, 15, 16, 17, or 18 above, you must include with your application a copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

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**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.**

# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_